

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

08/11-692

FILING DATE

9-5-96

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/				51						
2		/		/			52						
3		/		/			53						
4		/		/			54						
5		/		/			55						
6		/		/			56						
7		/		/			57						
8		/		/			58						
9	/						59						
10	/						60						
11	/		/				61						
12		/		/			62						
13		/		/			63						
14		/		/			64						
15		/		/			65						
16	/						66						
17		/					67						
18		/					68						
19		/					69						
20		/					70						
21		/					71						
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23			/				73						
24				/			74						
25				/			75						
26				/			76						
27				/			77						
28				/			78						
29				/			79						
30				/			80						
31			/				81						
32				/			82						
33				/			83						
34				/			84						
35			/				85						
36				/			86						
37				/			87						
38				/			88						
39			/				89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	5		6				TOTAL IND.						
TOTAL DEP.	17		24				TOTAL DEP.						
TOTAL CLAIMS	22		30				TOTAL CLAIMS						